

DEC-26-2002 09:04A FROM:

TO:16013600535

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State Well Report Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10831
Jackson, MS 39289-0831
(601)961-5210
(800)354-6938 (fax)

County: Monroe
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 11-27-07

For Office Use Only
 Agency: KIC3
 Well #: E-119
 L. & S. Number: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name: <u>Steven Stogner</u>	Latitude: <u>31° 15' 38"</u>	Longitude: <u>89° 52' 45"</u>	
Mailing Address: <u>508 Hwy 587</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Jackson, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City: _____ State: _____ Zip Code: <u>39248</u>	N 1/4 NE 1/4 Sec _____ Twp <u>4N</u> Rng <u>19W</u>		
Telephone No. (____) _____	Distance: _____ Elevation: <u>3</u> Permit Term: <u>30</u>		
	_____ miles <u>NW</u> of <u>Palmyra</u>		
Well Data			
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>11-27-07</u>		Date well drilling completed: <u>11-27-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe): _____			
Static Water Level: <u>3</u> feet above or below (circle one) land surface		Date measured: <u>11-27-07</u>	
Method of Measurement (circle one): <u>string line</u> steel tape electric tape air line other: _____			
Hole depth: _____		Well depth: <u>200</u>	
Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): <u>Cement</u> Mortar Mix			
Casing length: <u>180</u> feet	Casing diameter: <u>4</u> inches	Type of casing: <u>Sch 40</u>	
Screen length: <u>20</u> feet	Screen diameter: <u>4</u> inches	Type of screen: <u>Sch 40</u>	
Screen slot size: <u>8</u> inches	Setting depth: From <u>180</u> feet to <u>200</u> feet		
Type of completion (circle all applicable): <u>Gravel packed</u> Unconsolidated Telescoped Open hole Natural Development			
Other (describe): _____			
Top of log pipe or liner in casing: _____ feet. If telescoped or more than one screen, describe on back of page			
Log run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____			
Name of consulting geologic party: _____			
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.			
Print Name of Water Well Contractor and License No. <u>Travis Boone 0-514</u>		Signature of Water Well Contractor: <u>Travis Boone</u>	

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10692
 Jackson, MS 39289-0692
 (601)961-5210
 (601)354-6938 (fax)

County: Marion
 Permit #: _____
 Installer: Travis Boone
 Date completed: 11-27-07

For Office Use Only
 Aquifer: K103
 Well #: E-119
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Steven Stogard</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>508 Hwy 587</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Foxworth, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>39483</u>	<u>NW 14 NE 14 Sec 27 Twa 44 Rng 19W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>3 1/2 Miles NW of Columbia</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Motor Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>11-27-07</u>	Setting Depth: <u>35</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-27-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>3</u> Feet Below Land Surface	Other (specify): <u>String Line</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured drawdown in head: _____ feet
Drawdown (B) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>35 AF</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Travis Boone
 Print Name of Pump Installer and License No. (if applicable)

Travis Boone
 Signature of Pump Installer